

**WORLD'S FINEST CHOCOLATE
ATLANTIC CANADA SKATING CHAMPIONSHIPS**

April 8th to 10th 2016

Sanctioned by Skate Canada

APPLICATION DEADLINE: March 5, 2016

Competitor's Name: _____

Birth Date: Month: _____ Day: _____ Year: _____ Age: _____ Female / Male circle one

as of July 1st 2015

Skate Canada #: _____ Health Card #: _____

Mailing Address: _____

City / Town: _____ Postal Code: _____

Home Email: _____ Home Tel. #: _____

Parent's Name: _____ Work/Cell #: _____

Home Club: _____ Club #: _____

Complete Home Club Name written out, no abbreviations please

Coach(es) Name(s): _____ Tel. #: _____

Names of Professional Coaches within the last 12 month period, if different from above:

Coach attending competition: _____ Tel. #: _____

Coach Signature confirming correct information: _____

Coach Email: _____

Partner's Names if applicable: _____

EVENT:

Event Entered: _____ Fee \$: _____

Cheques made payable to skater's home Section

Coach Approval of Event Entered (Signature Required): _____

SKATING RECORD (highest test passed):

Freestyle: _____ Competitive: _____

MEDIA:

I give permission to Worlds Finest ChocolateSkate Atlantic to use the above information for purposes of competition business.

Signature of Parent or Guardian if a minor Required: _____

Make cheques payable to: **Skate Canada PEI**

Entry Forms Must Be Given To: Elizabeth MacKay

Parents are requested to be available to volunteer for one hour either before or after their skater's event.

Deadline - March 5, 2016